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### **Self-Assessment Questionnaire**

The self-assessment Disability Tax Credit (DTC) questionnaire provides or helps you to assess whether you may be eligible. Please read each question and identify with a yes or no.

### **QUESTIONS**

1. Your impairment (physical or mental function): has it lasted, or is it expected to last for a continuous period of at least 12 consecutive months (this is classified as **prolonged impairment**.) Yes\_\_\_ No\_\_\_

If you answered Yes above; answer questions 2 to 5 below. If you answered No, you are not eligible for the DTC claim. **Prolonged** means an impairment if it has lasted or is expected to last for a continuous period of At least 12 months.

2. How is your sight? Are you almost blind? Yes\_\_\_ No\_\_\_

3. Life-sustaining therapy. Do you receive such therapy to support a vital function even if it eases the symptoms? Examples of this therapy are chest physiotherapy to facilitate breathing or kidney dialysis to filter blood, insulin therapy to treat Type 1 diabetes, and people who cannot independently adjust the insulin dosage. Do you require therapy at least 3 times per week for an average of at least 14 hours per week? Yes\_\_\_ No\_\_\_

4. Effects of your impairment. Does your impairment cause you to be markedly restricted all or substantially all the time (at least 90% of the time) and even with therapy and with the use of devices and medication? Are you still unable to perform the basic activities of daily living such as speaking, hearing, walking, elimination of bowel and/or bladder functions, feeding, dressing and performing the mental functions necessary for everyday life? Yes\_\_\_ No\_\_\_

**Markedly Restricted** - means that you are unable or it takes you an inordinate amount of time to perform one or more of the basic activities of daily living even with therapy (other than therapy to support a vital function) and the use of appropriate devices and medications.

5. That because of your impairment, do you meet the following conditions such as being significantly restricted of the basic activities of daily living, or you are significantly restricted in the basic activities of daily living listed in question 4 even with appropriate therapy, medication and devices? Yes\_\_\_ No\_\_\_

**Significantly Restricted** - means that your ability to perform a basic activity of daily living is still substantially restricted all or substantially all of the time (at least 90% of the time).

Looking at your replies in regards to this self-questionnaire, if you answered Yes to questions 1 and to any one of the questions 2 to 5, you may be eligible for the Disability Tax Credit claim.

If you answered No to all of the questions 2 to 5, you are not eligible for the DTC.

A Step Beyond & Associates specializes in helping people of all ages to get the benefit you deserve. We guide you through the entire process ensuring that your application is promptly submitted. Please call or email for a free confidential consultation, no obligation, and confidential dialogue. A flat fee is rendered as a fair market value to prepare your Disability Tax Credit application, there is No percentage (%) fee taken for the service.

YOU MAY QUALIFY FOR THE DISABILITY TAX CREDIT